

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51	/					
2		1					52	/					
3		1					53	/					
4		1					54	/					
5		1					55	/					
5		5					56	/					
7		1					57	/					
8		4					58	/					
9		2					59	/					
10		1					60	/					
11		4					61	2					
12		5					52	2					
13		1					53	/					
14		4					64	/					
15		5					65	2					
16		1					66	2					
17		4					67	2					
18		3					58	2					
19		1					69	2					
20		1					70	2					
21		2					71	2					
22		1					72	2					
23		1					73	2					
24		2					74	2					
25		2					75	/					
25		1					76	/					
27		1					77	/					
28		2					78	/					
29		2					79	/					
30		2					80	2					
31		2					81	2					
32		2					82	2					
33		2					83						
34		2					84						
35		1					85						
36		1					86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		1					99						
50		1					100						
TOTAL IND.	3						TOTAL IND.	5					
TOTAL DEP.	100	↓		↓		↓	TOTAL DEP.	42	↓		↓		↓
TOTAL CLAIMS	103						TOTAL CLAIMS	67					